EXHIBIT G



RELIGIOUS ACCOMMODATION REQUEST FORM

Part 1: To be completed by employee/student

Name: Emily Dahl	Job title/Student	class: Student-athlete/Senior
Date of request: 8/24/21	WIN or Employee ID Number:	
Immediate supervisor/instructor:		
Requested accommodation (ex Religous exemption from the ma		•
Length of time the accommoda	tion is needed: May 2022	
Describe the religious belief or pradditional pages, if needed):	ractice that necessitates this reques	t for accommodation (include
I, Emily Dahl am exercising my right to receive a religious exem	ption for vaccination. I have grown up in a very religious household surr	ounded by devoted Christians.
I recently developed my own personal relationship with God. Sin	nce attending Western Michigan University, I joined FCA (Fellowship Ch	ristian Athletes) and a bible study to dive deeper in my faith.
I truly began to abide by the teachings of the bible and my God	as I learned more about it. I learned more about my faith by reading the	bible, attending bible study, and listening to the Bible in a Year
podcast with Father Mike Schmitz. I have learned through the B	ible to trust in the Lord with all of my heart and mind, he had planned m	y entire life and that he had great things planned for me, so I
should not worry about anything but instead trust in him. I know	through prayer and asking God, that he will give me the strength to get	through anything. When Covid-19 first appeared, there was a
period of doubt and fear that I felt. I was scared for my family an	d friends. I turned to God, prayed and felt a sense of calm in his word	(continued on attached document)
,	nodations that might address your r	
	here in WMU's campus. As an accomodation, I have already changed a	
My religious beliefs and practice sincerely held. I understand that that the University will attempt to undue hardship on the University	s, which result in this request for a re the accommodation requested abo provide a reasonable accommodo . I understand that the University ma igious practice and beliefs to further	digious accommodation, are ove may not be granted but ation that does not create an y need to obtain supporting revaluate my request for a
Employee/Student signature:Er	nily Dahl	Date: <u>8/24/21</u>

Please send completed form to: oie-info@wmich.edu

Part 2: To be completed by WMU Institutional Equity office:

Describe the requested accommodation:
Exemption from Intercollegiate Athletics Vaccine Mandate while participating in Intercollegiate
sports.
Evaluation of impact (if any):
Campus Safety
Athletic Program Safety
Approved: Denied:X
If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):
1. Maintain Scholorship for 2021-2022
2. No participation in Intercollegiate Sports
3. Comply with testing and mask mandate
Date discussed with employee/student: Emailed to student 8/25/2021
Final accommodation agreed upon:
If no agreement on an accommodation, provide an explanation:
The University has a compelling interest in taking action to avoid the significant risk posed to the
intercollegiate athletic programs of a Covid-19 outbreak due to unvaccinated participants and
prohibiting unvaccinated members of the teams from engaging in practices and competition is the
only effective manner of accomplishing this compelling interest.
Institutional Equity representative signature: <u>Anny Milles</u> Date: 8/25/2/